

cc'd: BOH

**Rebecca Messinger**

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**From:** Clark County <webmaster@clark.wa.gov>  
**Sent:** Wednesday, May 25, 2022 8:11 AM  
**To:** publiccomment  
**Subject:** Council Hearing Public Comment

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# Clark County

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Submitted on Wed, 05/25/2022 - 8:10 AM

**Name**

Melissa Leay

**Subject**

Natural Immunity Data

**Date of Hearing**

Wed, 05/25/2022

**Comment**

Public Health has been keeping the natural immunity data from the public, and I don't think that is right. It has been an ongoing problem, going back to at least last July 2021, which was the first board of health meeting I attended. The question "Does Clark County collect data on natural immunity?" was never answered, over the course of eight months.

One of the responses we would get was, "those who have been previously infected, if they go on to get vaccinated as well, will be better protected." That is a comparison between two reinfection statuses: it compares unvaccinated reinfections (natural immunity) to vaccinated reinfections (natural immunity plus vaccine). And during the delta variant, those previously infected and vaccinated were slightly better protected. This was shown in a January 2022 CDC study on immune statuses. It was also evident in the January DOH reinfection report, which is the only report that broke reinfections down by immune status. (Although the reinfection report did not calculate rates nor make comparisons, claiming they cannot be made.)

So a few things I would say about that statement: "Those who have been previously infected, if they go on to get vaccinated as well they are better protected."

First, as I mentioned already, it is a rate comparison. This is important because Public Health claims that rate comparisons on reinfection data cannot be made. Obviously they can.

And then second, it is not the relevant rate comparison. What the Board of Health and residents of Clark County need to see is a rate comparison between unvaccinated reinfections (natural immunity) and fully vaccinated (the two shot

series). Because the Washington vaccine mandate proclamation only requires the two shot series. That is how fully vaccinated is defined. And the mandate requires that employees with natural immunity get vaccinated or lose their jobs. This means that Public Health and the Governor's office ought to have some data showing that those who are fully vaccinated have better protection against infection than those with natural immunity.

Public Health has this data. They keep it hidden. Justification for the mandate must hang on something. What does the data show? Which brings me to point three: which is that if natural immunity and fully vaccinated immunity cannot be compared, then Public Health should inform the Board of Health and residents of Clark County. How have they determined that those with natural immunity (unvaccinated and previously infected) pose a risk? If natural immunity cannot be compared to vaccine immunity, then there seems to be no basis for requiring those with natural immunity to be vaccinated.

And this issue impacts all residents, not just those employed by the state, education, or health care. An April CDC seroprevalance study estimates that 3/4 of children and half to 2/3 of all working aged adults have natural immunity to COVID. They deserve to know that their immunity is protective. They deserve to see the data that underpins the advice we get from Public Health and that underpins the state vaccine mandate proclamation.

This has been a long time coming. This question about Clark County natural immunity data goes back to at least July 2021. Please, ask for the natural immunity data to be made public, and ask that we see the rate comparison for natural immunity and the fully vaccinated status, which underpins the mandate. Thank you.

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If there are any questions or concerns regarding this email, please contact the [Web Team](#).

cc'd: BOH

## Rebecca Messinger

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**From:** MARGARET TWEET <tweetfamily@comcast.net>  
**Sent:** Wednesday, May 25, 2022 9:31 AM  
**To:** Rebecca Messinger  
**Subject:** CCOH public comments submitted for May 25, 2022 meeting

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Please send this public input to the board members.

### **VAERS Data Show New Deaths, Injuries After COVID Vaccines, As CDC Signs Off on 3rd Shot for Kids 5-11**

*VAERS data released Friday by the Centers for Disease Control and Prevention show 1,268,008 reports of adverse events from all age groups following COVID-19 vaccines, including 28,141 deaths and 230,364 serious injuries between Dec. 14, 2020, and May 13, 2022.*

**U.S. VAERS data from Dec. 14, 2020, to May 13, 2022, for all age groups combined, show:**

- 20% of deaths were related to cardiac disorders.
- As of May 13, [5,527 pregnant women](#) reported adverse events related to COVID-19 vaccines, including 1,732 reports of [miscarriage or premature birth](#).
- Of the [3,622 cases of Bell's Palsy](#) reported, 51% were attributed to [Pfizer](#) vaccinations, 40% to [Moderna](#) and 8% to [J&J](#).
- 880 reports of [Guillain-Barré syndrome](#), with 42% of cases [attributed to Pfizer](#), 30% to [Moderna](#) and 28% to [J&J](#).
- [2,291 reports](#) of anaphylaxis where the reaction was life-threatening, required treatment or resulted in death.
- [1,707 reports](#) of myocardial infarction.
- [13,972 reports](#) of blood-clotting disorders in the U.S. Of those, [6,266 reports](#) were attributed to Pfizer, [4,989 reports](#) to Moderna and [2,679 reports](#) to J&J.
- [4,194 cases](#) of myocarditis and pericarditis with [2,570 cases](#) attributed to Pfizer's, [1,427 cases](#) to Moderna's and [183 cases](#) to J&J's COVID-19 vaccines.

VAERS is the primary government-funded system for reporting adverse vaccine reactions in the U.S.

See link for full report including adverse events by age group

<https://doh.wa.gov/sites/default/files/2022-02/421-010-CasesInNotFullyVaccinated.pdf>

## **Pfizer Document Dump Shows Doctor With Ties to Gates Foundation Deleted Trial Participant's Vaccine Injury**

*An 80,000-page cache of Pfizer-BioNTech COVID-19 vaccine documents released by the U.S. Food and Drug Administration sheds light on Pfizer's extensive vaccine trials in Argentina, including the unusually large size of the trials and the story of a trial participant whose vaccine reaction was deleted.*

<https://childrenshealthdefense.org/defender/pfizer-document-doctor-gates-foundation-deleted-trial-vaccine-injury/>

## **FDA Dumps More Pfizer Documents: Why Were So Many Adverse Events Reported as 'Unrelated' to Vaccine?**

*The latest release by the U.S. Food and Drug Administration of Pfizer-BioNTech COVID-19 vaccine documents raises questions about how frequently adverse events experienced by clinical trial participants were reported as "unrelated" to the vaccine.*

<https://childrenshealthdefense.org/defender/fda-pfizer-documents-vaccine-adverse-events/>

### **COVID-19 Cases, Hospitalizations, and Deaths by Vaccination Status Washington State Department of Health May 18, 2022**

<https://doh.wa.gov/sites/default/files/2022-02/421-010-CasesInNotFullyVaccinated.pdf>

Page 11

COVID-19 hospitalizations from February 01, 2021 - May 03, 2022 12 years old and up

Completed primary series 11,027

Partially vaccinated 2,088

Unvaccinated 29,245

COVID-19 deaths from February 01, 2021 - April 19, 2022 Vaccination status ages 12+

Completed primary series 2,154

Partially vaccinated 377

Unvaccinated 5,106

**Definitions** All case, hospitalization, and death data reported are based on positive molecular or antigen test results. A COVID-19 case who completed the primary series is a person with a positive molecular or antigen test result and a specimen collection date two or more weeks after receiving the final dose of an authorized COVID-19 vaccine. An individual is considered to have completed the primary series two weeks after their second dose in a two-dose series, such as the Pfizer or Moderna vaccines, or two weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. A COVID-19 hospitalization is a Washington resident who has been identified using case investigation data in WDRS or links with Rapid Health Information Network (RHINO) records as hospitalized with confirmed or probable COVID-19. Deaths are reported to the state by health care providers, medical examiners or coroners, local health departments, or others to the official vital records database, WHALES. COVID-19 deaths included in this report are identified in WHALES where the cause of death was confirmed or suspected to have been COVID-19. Completed primary series versus breakthrough cases: • For reporting purposes, DOH and CDC use strict criteria to classify breakthrough cases, including requiring information about the vaccine lot number and other details. The SARS-CoV-2 Vaccine Breakthrough Surveillance and Case Information Resource (wa.gov) report has information about cases that meet the breakthrough case definition. The report is updated every Wednesday. • Because the purpose of this report is to provide a more comprehensive look at the impact of vaccines on COVID-19, it therefore uses a broader definition of 'completed primary series' rather than 'breakthrough case' to classify individuals. For this report, the determination of whether a person completed the primary series is based exclusively on data from the Washington Immunization Information System (WA IIS).

**Timeframes** The first COVID-19 vaccines were administered in Washington in mid-December 2020. Full protection from the vaccine in those vaccinated early would occur about the first week in February. Therefore, we are reporting cases, deaths, and hospitalizations beginning with the month of February 2021. It takes up to 8 days from specimen collection date for DOH to receive 90% of reported cases, 12 days for DOH to identify hospitalizations, and 28 days to identify deaths. For this reason, we report time periods differently for cases, hospitalizations, and deaths to ensure we have the most complete data.

**Linking methods** All information on COVID-19 cases, hospitalizations, and deaths provided by this report use WDRS data linked to WA IIS COVID-19 vaccination data. The links are based on a comparison of the first name, last name, and date of birth of cases to the first name, last name, and date of birth of those with COVID-19 vaccination in WA IIS. Only exact matches on all three items are considered the same person. **Missing or misspelled names and incorrect dates of birth may lead to some vaccinated persons being incorrectly classified as unvaccinated. COVID-19 cases with vaccines not reported to WA IIS as described above are considered unvaccinated in this report.** \*\*\*\*\*

At Public Health vaccination clinics in Clark County and around WA, no ID was required for vaccination so misspelled or missing names and birthdates could be problematic.

**No information is reported about young residents 5-11 regarding hospitalizations and deaths and vaccine status.**

Meanwhile, per the Clark County Covid-19 data page, less information provided to the public than previously provided

“ As the county and state transition to the next phase of the COVID-19 pandemic, **Clark County Public Health is discontinuing its routine updates on local rates by vaccination status and vaccine breakthrough cases.** “